

Name in Full

Certificate of Death

Town

County

5/  
MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

08

2 21

Age

61,

calvert

farmer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 3

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

George ~~and~~ Boots Matter

incident Name

was Bettie Smith

Name  
in  
Full

Mamie Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

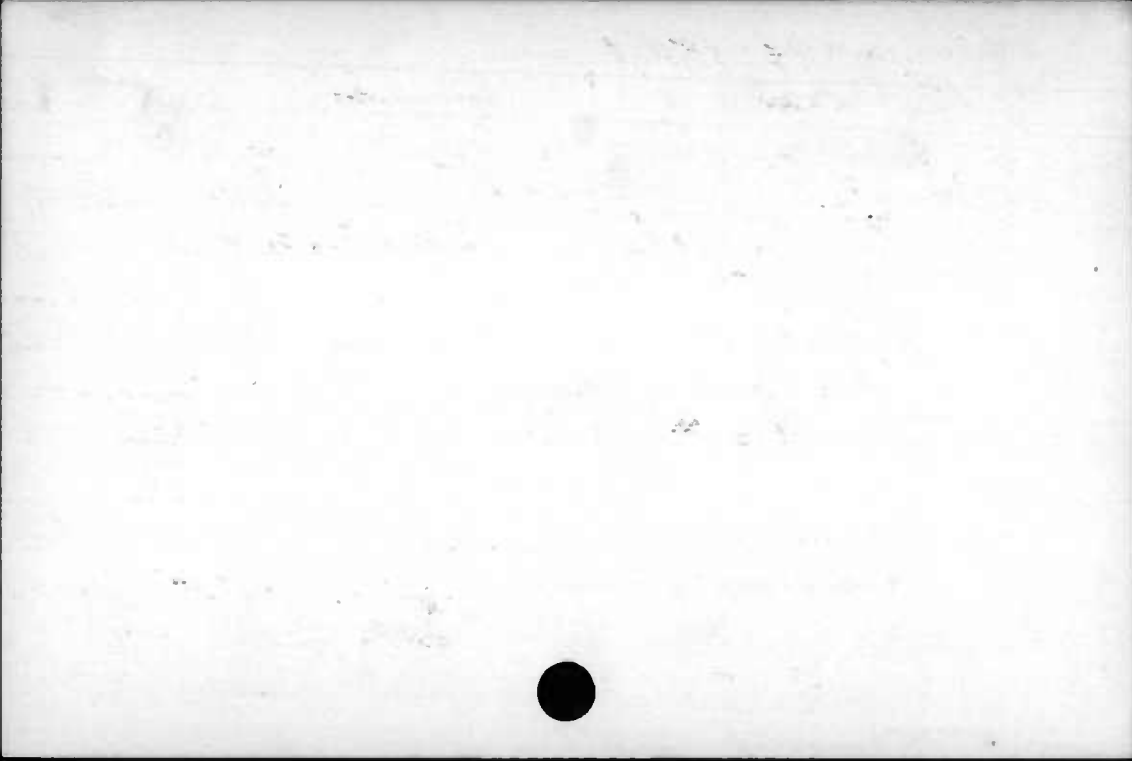
MARYLAND

Died at		Town		County			
Olin		Calvert					
Date	Month	Day	Years	Months	Days		
of death 190	3 Feb.	6	26	—	—		
Sex	Female		Color or Race	Colored		Birth-place	Calvert Co
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Jas. E. Brooks						
Father's Name	Stephen Purvey				Father's Birthplace	Calvert Co	
Mother's Maiden Name	Josephine				Mother's Birthplace	Calvert Co	
Name of person giving information	Josephine Purvey				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption		How long	about 10 mos.
Immediate	Exhaustion		How long	27
Are the name, age, sex, color, date and place correctly given above?		Y20	Signature of Physician	Dr. J. Chambers
			Address	Bertha, Calvert Co
Accident or Suicide?				



Name in Full

Certificate of Death

Stille Born, Infant of Lewis and Sybil  
 Died at Mount Harmony Calvert MARYLAND  
 Town County

Date 1919 Feb 21 Y. 1 M. 0 D. Native of Occupation  
 Month Day

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 0

Husband of

Wife

Father's Name Geo Carter Mother's Maiden Name Susan Gorman

Cause of Death { Primary difficult and pro- How long sick  
 Immediate prolonged labor Accident, Suicide, Homicide

Reported by

Address

Dr J L Brayshaw  
Wm H Ward & P  
Freindship  
md



Name  
in  
Full

Alexander Dune

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lo. Houseboro</i>		Town <i>Lo. Houseboro</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>12</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Calvert Co.</i>			
Married, <del>Single</del> or Widowed		Occupation <i>House Hand</i>					
Name of Wife or <del>Husband</del> <i>Rachel Dune</i>							
Father's Name <i>James Dune</i>				Father's Birthplace <i>Calvert Co.</i>			
Mother's Maiden Name <i>Jemima Johnson</i>				Mother's Birthplace " "			
Name of person giving information <i>Wm Smith</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Respiratory failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Hunsan</i>
	Address <i>Lo. Houseboro, Md.</i>
Accident or Suicide?	





Name in Full		Edward Deppier				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Huntingtown		Calvert		MARYLAND
	Date of death 1903		Month Feb	Day 9	Years 62	Months 7	Days 6
	Sex male		Color or Race black		Birth- place Cal. Co.		
	Married, Single or Widowed		Married		Occupation Carpenter		
	Name of Wife or Husband		Sallie Smith				
	Father's Name		Edward Deppier		Father's Birthplace Cal. Co.		
	Mother's Maiden Name		Maria Deppier		Mother's Birthplace " "		
	Name of person giving information		Zack Chase		How related to deceased None		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Chronic Rheumatism 48			How long 20 yrs	
	Immediate		Heart failure			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. W. Leitch		
					Address Huntingtown Md.		
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

James W. Gibson of R

Died at *Lower Marlboro*

Town

*Calvert*

County

MARYLAND

Date

of death 1903

Month

*Feb.*

Day

*14*

Years

Age

*70*

Months

*8*

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Calvert Co.*Married, ~~Single~~  
or ~~Widowed~~

Occupation

*Farmer*Name of Wife or  
~~Husband~~*Jennie E. Gibson*Father's  
Name*Robert Gibson*Father's  
Birthplace*Calvert Co*Mother's  
Maiden Name*Rebecca Trott*Mother's  
Birthplace*" "*Name of person giving  
information*Jas. W. Gibson, Jr*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*93*  
*9 days*

Immediate

*General Failure of Vitality*

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. H. Hinman*

Address

*Lo. Marlboro, Md*~~Accident or Suicide?~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Jack Gray*  
*Sollers* <sup>Town</sup>

CERTIFICATE OF DEATH

Died at

*Sollers* <sup>Town</sup>

County

*Calvert*

MARYLAND

Date

of death 190

*3 Feb.*

Month

Day

*5*

Age

Years

*24*

Months

Days

Sex

*male*

Color or  
Race

*Colored*

Birth-  
place

*Calvert Co*

Married, Single  
or Widowed

*Married*

Occupation

*Oysterman*

Name of Wife or  
Husband

*Alpha Brown*

Father's  
Name

*Jack Gray*

Father's  
Birthplace

*Calvert Co*

Mother's  
Maiden Name

*Mary E Bolton*

Mother's  
Birthplace

*Calvert Co*

Name of person giving  
information

*Mary E Gray*

How related  
to deceased

*Mother*

CAUSES OF DEATH

Primary

*Consumption*

*27*

How long

*about 6 mos.*

Immediate

*Exhaustion*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*E. F. Chambers*

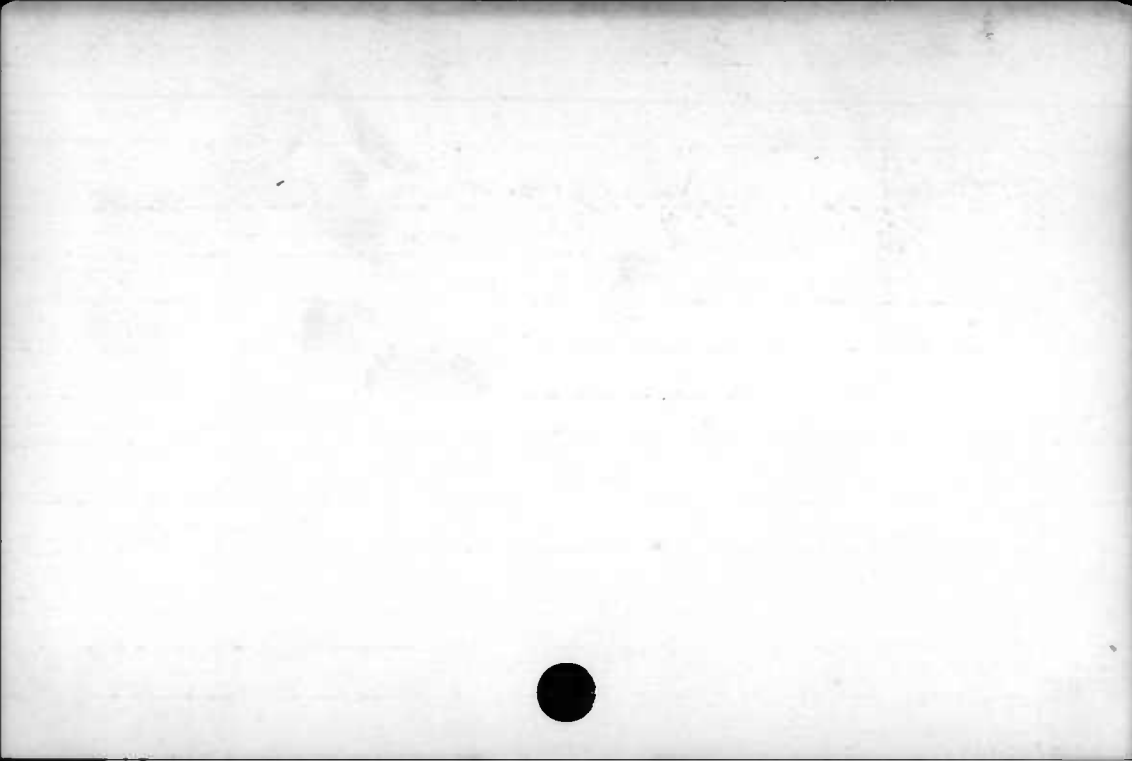
Address

*Bertha, Calvert Co*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Field Bros

50

Town

County

MARYLAND

Died at

Island Creek Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

2/13

Age

8

Calvert

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

John J Brooks 179

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

48

Died at

John F. Gross  
Walcott

Town

Calvert

County

MARYLAND

Date 19

18

Month

2

Day

4

Age

28

Native of

Calvert

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John F. Gross

Mother's

Maiden Name

Annie Washington

Cause of

Primary

How long sick

2 days

Death

Immediate

Murder

Accident, Suicide, Homicide

Reported by

John B. Cooper

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

49

MARYLAND

Died at

Town

County

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79602



Name  
in  
Full

## CERTIFICATE OF DEATH

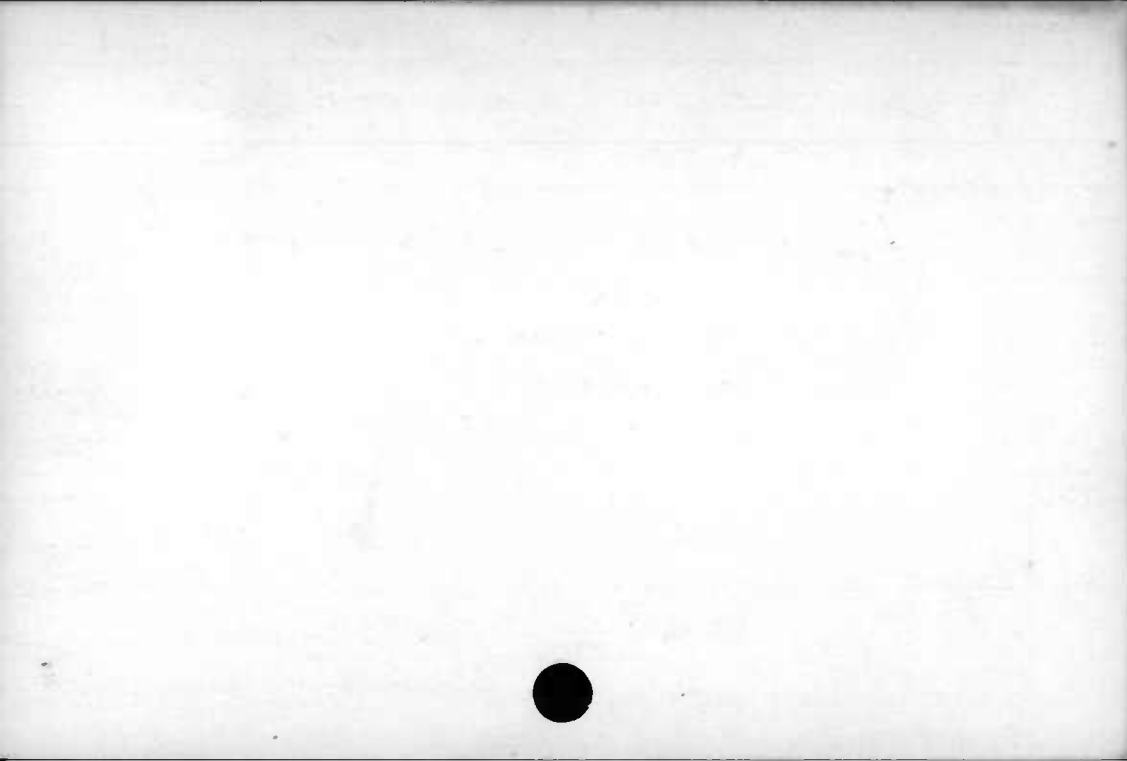
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Maggie G. Ireland				Town		County		MARYLAND	
Died at		Olinch		Calvert							
Date of death 190		3 Feb		11		Age 33		Months 3		Days —	
Sex		Female		Color or Race		White		Birth-place		Calvert Co	
Married, Single or Widowed		Married		Occupation		Housewife					
Name of Wife or Husband		Thomas W. Ireland									
Father's Name		E. W. Lusby		Father's Birthplace		Calvert Co					
Mother's Maiden Name		Delilah Joy		Mother's Birthplace		Calvert Co					
Name of person giving information		E. W. Lusby		How related to deceased		138 Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Puerperal Eclampsia		How long		8 days	
Immediate		Coma		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. T. Chambers	
				Address		Bertha Calvert Co.	



Name  
in  
Full

Hansen Inland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blues Point</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>22</i>	Age <i>23</i>	Years	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Cal. Co.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband							
Father's Name <i>Edward H Inland</i>				Father's Birthplace <i>Cal. Co.</i>			
Mother's Maiden Name <i>Elizabeth Gibson</i>				Mother's Birthplace " "			
Name of person giving information <i>J. Wilson Inland</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

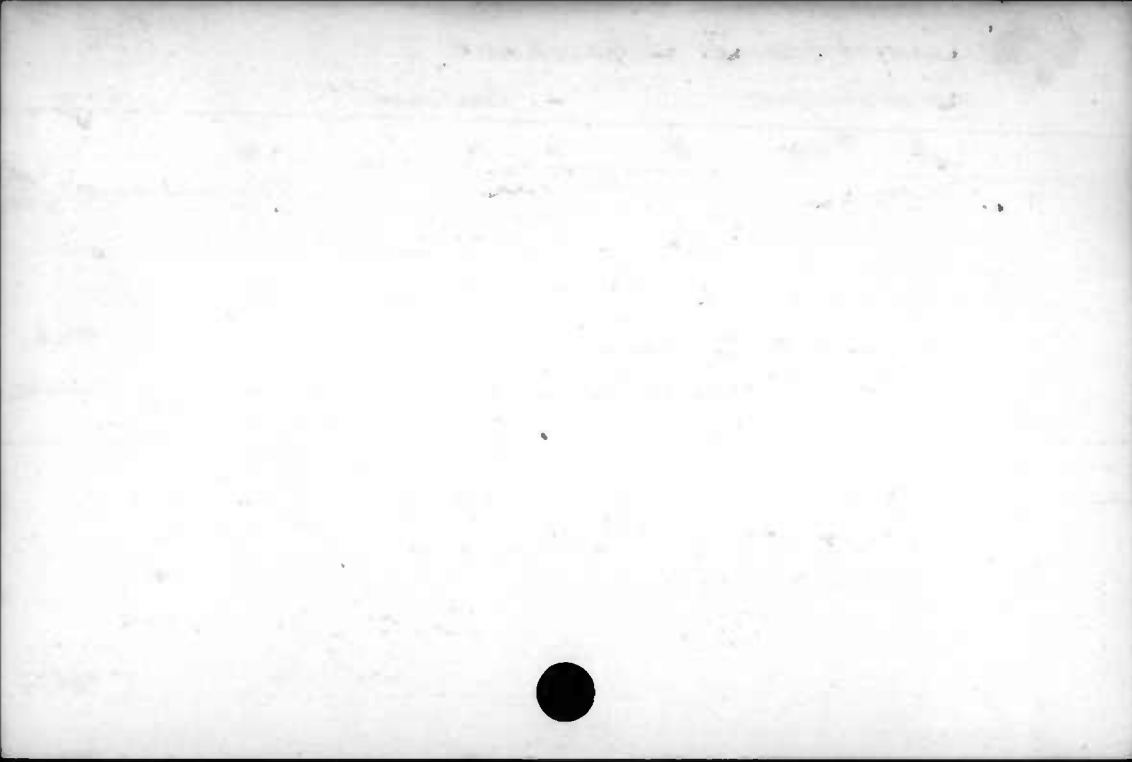
PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>50</i>	How long <i>2 yrs</i>
Immediate <i>Coma</i>		How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Litch</i>	
	Address <i>Seventy two Ave.</i>	
Accident or Suicide?		





Name in Full		James H. Kellum				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Oliver		Calvert		MARYLAND			
		Date of death 190		Month		Day		Years	
		3		Feb.		19		70	
		Sex		Male		Color or Race		White	
		Birth-place		Virginia		Months		4	
		Days		5		Occupation		Cyclist	
Married, Single or Widowed		Widowed		Name of Wife or Husband					
Father's Name		Unknown		Father's Birthplace		Unknown			
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown			
Name of person giving information		John H. Kellum		How related to deceased		Son			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Unknown		How long			
		Immediate		Heart failure.		179			
		Are the name, age, sex, color, date and place correctly given above?		Yes		How long			
		Signature of Physician		Geo. T. Chambers		2 Two minutes			
Address		Bertha, Calvert Co							
Accident or Suicide?									



Name in Full

Certificate of Death

Lack

Town

County

MARYLAND

Died at *Bureau Hotel**Calvert*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**3* *28*

Age

*---**ind**---*

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Potomac</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>22</i>	Age <i>3</i>	Years <i>3</i>	Months <i>6</i>	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Cal. Co.</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Charles Marshall</i>				Father's Birthplace <i>Cal. Co.</i>			
Mother's Maiden Name <i>Mintie Hardy</i>				Mother's Birthplace " "			
Name of person giving In formation <i>Wm. Spack</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Little</i>
	Address <i>Harrodsburg</i>
Accident or Suicide?	



Name  
in  
Full

Melvin Eugene Marshall

## CERTIFICATE OF DEATH

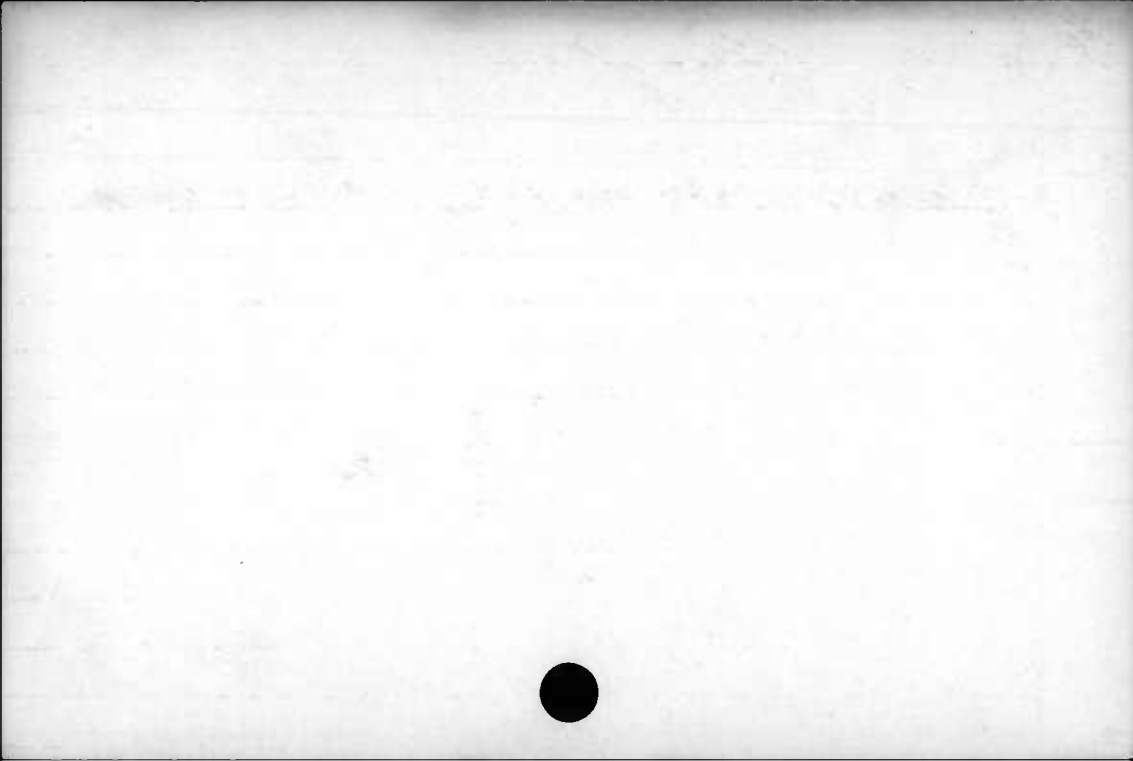
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lo. Marlboro</i>		Town <i>Lo. Marlboro</i>		County <i>Calver</i>		MARYLAND	
Date of death 1903	Month <i>Feb'y</i>	Day <i>2</i>	Age <i>1</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bladensburg, Maryland Co. 2 mi.</i>			
Married, Single or <u>Widowed</u>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>E. E. Marshall</i>				Father's Birthplace <i>Fauersville, Ohio.</i>			
Mother's Maiden Name <i>Annie L. Gann</i>				Mother's Birthplace <i>Yarmouth, Canada.</i>			
Name of person giving information <i>E. E. Marshall</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>10 days</i>
Immediate	<i>Cordiac Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Himmman</i>	
		Address <i>Lo. Marlboro, Md.</i>	
Accident or Suicide? <i>—</i>			





Name in Full

Certificate of Death

William W. Masom

Town

County

MARYLAND

Died at

Blanco Creek

Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

2

1

Age

67

Calvert farming

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

4

Husband

of

Lemina Iron

Wife

Father's

Name

Joseph Masom

Mother's

Maiden Name

Edwina Wilson

Cause of

Primary

Heart trouble

How long sick

1 hour

Death

Immediate

Feb 9.

Accident, Suicide, Homicide

Reported by

John J. Brooks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70832

